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FACSIMILE: 415.268.7522

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TO:	FACSIMILE:
Central Fax US Patent and Trademark Office	Examiner B. Shen Fax: (571) 273-9040

FROM: MICHAEL R. WARD
Reg. No. 38,651**DATE:** April 9, 2007

Number of pages with cover page:	12	Preparer of this slip has confirmed that facsimile number given is correct: MRW1/8693/lxo3
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Comments:**Attorney Docket No: 416272003900**

Re: U.S. Patent Application Serial No. 10/519,121 Filed December 23, 2004
For: METHODS FOR MEASURING RATES OF REVERSE CHOLESTEROL
 TRANSPORT IN VIVO, AS AN INDEX OF ANTI-ATHEROGENESIS
By: Marc K. HELLERSTEIN
Your Reference: B02-077
EXAMINER: B. Shen **ART UNIT:** 1655
Our Reference: 41627-20039.00

DOCUMENTS ATTACHED: SUPPL RESP TO OA OF 8/8/06

- 1) Transmittal - 1 pg
- 2) Fee Transmittal - 2 pgs
- 3) Supplemental Response to OA of 8/8/06 - 8 pgs

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PAGE 1/11 * RCVD AT 4/9/2007 6:27:41 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-5/17 * DNIS:2739040 * CSID:415 2687522 * DURATION (mm:ss):02:12

CFC - R. 4/11/07

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PTO/SB/21 (09-04)

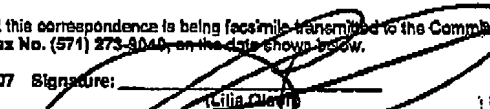
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/519,121
		Filing Date	September 15, 2003
		First Named Inventor	Marc K. HELLERSTEIN
		Art Unit	1655
		Examiner Name	B. Shen
Total Number of Pages in This Submission	11	Attorney Docket Number	416272003900

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form IN DUPL- 2 pgs <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply SUPPL RESP to OA of 8/8/06 - 8 pgs <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (Supplemental, 3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FAX COVER SHEET - 1 pg
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Michael R. Ward		
Date	April 9, 2007	Reg. No.	38,651

FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the Commission for Patents, at facsimile no. Examiner Shen Fax No. (571) 273-9040, on the date shown below.	
Dated: April 9, 2007	Signature: 

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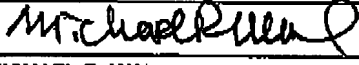
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FEE TRANSMITTAL for FY 2005		Complete if Known																																																							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Effective on 12/09/2004.		Application Number	10/519.121																																																						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 15, 2003																																																						
TOTAL AMOUNT OF PAYMENT (\$) 25.00		First Named Inventor	Marc K. HELLERSTEIN																																																						
METHOD OF PAYMENT (check all that apply)		Examiner Name	B. Shen																																																						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____		Art Unit	1655																																																						
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)		Attorney Docket No.	416272003900																																																						
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments																																																							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																									
FEE CALCULATION																																																									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>-0-</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>-0-</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>-0-</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>-0-</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>-0-</td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	-0-	Design	200	100	100	50	130	65	-0-	Plant	200	100	300	150	160	80	-0-	Reissue	300	150	500	250	600	300	-0-	Provisional	200	100	0	0	0	0	-0-
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td></td> <td></td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x																																														
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4. OTHER FEE(S) Other: \$																																																									
SUBMITTED BY: MORRISON & FOERSTER LLP		CUSTOMER NO. 20872																																																							
Signature		Registration No. (Attorney/Agent)	38,651																																																						
Name (Print/Type)	MICHAEL R. WARD	Telephone	415/268-6237																																																						
		Date	April 9, 2007																																																						

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